

Masters, Michael P485608
 Name and Prisoner/Booking Number

Towers Jail
 Place of Confinement

3127 W. Gibson Ln
 Mailing Address
Phoenix, AZ 85009

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

<input checked="" type="checkbox"/> FILED	<input type="checkbox"/> LODGED
<input type="checkbox"/> RECEIVED	<input type="checkbox"/> COPY
JAN 26 2009	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
BY	DEPUTY

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

Michael David Masters

(Full Name of Plaintiff)

Plaintiff,

vs.

CASE NO. CV 09-157-PHX-6MS-DKD
 (To be supplied by the Clerk)

(1) Christopher MAYS #7363

(Full Name of Defendant)

(2) Reuben Carver #7825

(3) Erik Infiesto #7814

(4) Stewart Sherman #9162

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

Jury Trial Demanded

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred: Maricopa County Jail / Phoenix

B. DEFENDANTS

1. Name of first Defendant: Christopher Mays. The first Defendant is employed as:
Police Officer #7363 at Phoenix Police Dept.
(Position and Title) (Institution)
2. Name of second Defendant: Reuben Carver. The second Defendant is employed as:
Police Officer #7825 at Phoenix Police Dept.
(Position and Title) (Institution)
3. Name of third Defendant: Erik Infiesta. The third Defendant is employed as:
Police Officer #7814 at Phoenix Police Dept.
(Position and Title) (Institution)
4. Name of fourth Defendant: Stewart Sherman. The fourth Defendant is employed as:
Police Officer #9162 at Phoenix Police Dept.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**COUNT I**

1. State the constitutional or other federal civil right that was violated: 4th Amendment, 14th Amendment

2. **Count I.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|---|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Excessive force by an officer <input type="checkbox"/> Threat to safety <input type="checkbox"/> Other: _____ | | | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

During AN arrest on November 22, 2008 Police Officer Christopher Mays used excessive force Against me CAUSING severe PAIN AND bodily injury. My Arm WAS dis-located AND I had to wear A sling for several weeks. I Also suffered several bruises cuts AND head trauma from the incident. Although the CT Scan WAS Negative, I suffer MIGRAINES AND dizziness. Officer Mays struck me several times during the Arrest. I WAS eventually taken to the hospital where my injuries were recorded AND documented by hospital staff.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Physical, mental AND emotional injuries.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count I? ☐ Yes ☒ No
- Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

Does Not Apply

COUNT II

1. State the constitutional or other federal civil right that was violated: 4th Amendment, 14th Amendment

2. Count II. Identify the issue involved. Check **only one**. State additional issues in separate counts.

- ☐ Basic necessities ☐ Mail ☐ Access to the court ☐ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☒ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

During an arrest on Nov. 22, 2008, Police Officer Reuben Carver used excessive force against me, causing severe pain and bodily injury. My arm was dislocated and I had to wear a sling for several weeks. I also suffered several bruises, cuts and head trauma from the incident. Although the CT scan was negative, I suffer migraines and dizziness. Officer Carver struck me several times during the arrest. I was eventually taken to the hospital where my injuries were recorded and documented by hospital staff.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Physical, Mental And Emotional injuries.

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Count II? ☐ Yes ☒ No
- c. Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☒ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

Does not Apply

COUNT III

1. State the constitutional or other federal civil right that was violated: 4th Amendment, 14th Amendment U.S. Constitution

2. Count III. Identify the issue involved. Check **only one**. State additional issues in separate counts.

- ☐ Basic necessities ☐ Mail ☐ Access to the court ☐ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☒ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. Supporting Facts. State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

During AN Arrest on Nov. 22nd 2008 Police Officer Erik Infesta used excessive force AGAINST me CAUSING SEVERE PAIN AND bodily injury. My ARM WAS dis-located AND I HAD to WEAR a sling for several weeks. I also suffered several bruises, cuts and head trauma from the incident. Although the CT SCAN WAS negative, I suffer migraines AND dizziness. Officer Infesta struck me several times during the Arrest. I was eventually taken to the hospital where my injuries were recorded and documented by hospital staff.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Physical, Mental, And Emotional injuries

5. Administrative Remedies.

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Count III? ☐ Yes ☒ No
- c. Did you appeal your request for relief on Count III to the highest level? ☐ Yes ☒ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

Does not Apply

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

Count IV

1. 4th And 14th Amendment, U.S. Constitution

2. Excessive force by AN officer

3. During AN Arrest on Nov. 22nd 2008 Police Officer Stewart Sherman used excessive force against me causing severe pain and bodily injury. My Arm was dislocated and I had to wear a sling for several weeks. I also suffered several bruises, cuts and head trauma. Although the CT Scan was negative, I suffer migraines and dizziness. Officer Sherman struck me several times during the arrest. I was eventually taken to the hospital where my injuries were recorded and documented by hospital staff.

4. Physical, Mental and Emotional Injuries

5. a) Yes b) No c) No d) Does not Apply.

E. REQUEST FOR RELIEF

State the relief you are seeking:

Christopher Mays \$10,000 Punitive And Compensatory Relief
Reuben Carver \$10,000 Punitive And Compensatory Relief
Erik Infesto \$10,000 Punitive And Compensatory Relief
Stewart Sherman \$10,000 Punitive And Compensatory Relief
And any other relief the court deems just.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
DATE

SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

MARICOPA COUNTY SHERIFF'S OFFICE
JOSEPH M. ARPAIO SHERIFF

CERTIFICATION

I hereby certify that on this date JAN 22 2009

I filed √ mailed the original and one (1) copy to the Clerk of the United States District Court, District of Arizona.

I further certify that copies of the original have been forwarded to:

Hon _____ United States District Court, District of Arizona.

Hon _____ United States District Court, District of Arizona.

____ Attorney General, State of Arizona.

_____, Judge, _____, Superior Court, Maricopa County, State of
Arizona.

____ County Attorney _____, Maricopa County, State of Arizona,

____ Public Defender, Maricopa County, State of Arizona.

____ Attorney, _____

☒ Inmate Legal Services has processed this document in an "as-is" condition.

☒ Inmate Legal Services has processed this document as per the inmate request.

Lena Belbeni
INMATE LEGAL SERVICES
Maricopa County Sheriff's Office
201 S. 4th Avenue
Phoenix, AZ 85003